

PLEASE EMAIL YOUR CLAIM FORM TO: admin@cardifpinnacle.com

Company Number 1007798

IMPORTANT POLICY TERMS MAY VARY BUT YOU SHOULD RETURN THE CLAIM FORM AS SOON AS YOU STOP WORKING. THIS WILL ASSIST THE PROMPT PROCESSING OF YOUR CLAIM

- Your copy of the Group Policy document will tell you whether you can make a claim
- Make sure you answer all the questions on this form, otherwise it will delay your claim
- Our representative might have to call on you while we are looking into your claim
- We need proof every month that you are still unemployed, this may include copies of your bank statements to show you are in receipt of benefits
- Make sure that the declaration is signed before returning this form

INSURANCE FRAUD IS A CRIMINAL OFFENCE - WE RESERVE THE RIGHT TO REFER CASES TO THE APPROPRIATE AUTHORITIES

A - Your Policy Details

POLICYHOLDER TO COMPLETE

Please indicate what your policy relates to: (a) Mortgage ☐ (b) Loan/Finance ☐ (c) Credit Card ☐ (d) Income Protection ☐ (e) Premium Waiver ☐

FOR SECURITY REASONS, IF YOUR POLICY RELATES TO CREDIT CARD COVER, PLEASE DO NOT PROVIDE YOUR CREDIT CARD NUMBER AS THE POLICY NUMBER

Policy Number

Name of Policy Provider

If you have answered (a)-(c) above, please provide the following:

Name of Lender, if different to Policy Provider

B - Your Personal Details

POLICYHOLDER TO COMPLETE

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First Name Date of birth / /

Surname

Address

Postcode

In order to give you the best possible service, we may use your mobile number to call or text you and/or your e-mail address to send you updates on the progress of your claim. Please be assured neither will be used for any sales or marketing purposes or passed to any other party without your specific consent. Should you NOT wish to be sent updates through either of these methods, please tick the relevant box: SMS text ☐ E-mail ☐

Telephone Mobile

E-mail Address

@

National Insurance Number (NI) You can find this on: NI Card, payslips, letters from HM Revenue & Customs or from your Social Security Office

C - Your Banking Details

POLICYHOLDER TO COMPLETE

(Please complete this section and if your policy allows us to pay direct to your bank, we will do so. PLEASE NOTE we can not pay in to a savings account.)

Account Holder

Sort Code - - Account Number

Bank Name

D - Your Self Employment Details

POLICYHOLDER TO COMPLETE

What date did you start working on a Self Employed basis? / /

How many hours per week did you work? HRS

Please confirm whether you are a:

☐ Sub Contractor

☐ Sole Trader

☐ Other

What date did you last work? / /

What is your occupation?

Why did your employment end?

If you are a Sub Contractor - Please provide the following:

- 6 months business/personal bank statements.
- 6 months sub-contracting statements.

If you are a Sole Trader

and do not have an accountant, please ensure you provide the following:

- Last two years trading accounts or evidence of the last two years gross income, if not available, please confirm why.
- Cessation of Trading Accounts plus any HMRC acknowledgement letters.
- Last six months trading bank accounts.

POLICYHOLDER TO COMPLETE[illegible]

➡ IF YOU ARE RECEIVING JOBSEEKERS ALLOWANCE COMPLETE SECTION F(A)
➡ IF YOU ARE RECEIVING UNIVERSAL CREDITS COMPLETE SECTION F(B)

POLICYHOLDER TO COMPLETE

1. Date you first signed on? / /
- Please attach your letter confirming that you have been awarded benefits (not your agreement letter)**
2. Have you stopped claiming or had your Jobseekers Allowance suspended? Yes ☐ No ☐
- Please attach any letters regarding cessation/suspension of benefit**
3. If YES, please provide:
- (a) Date benefits ceased / /
- (b) Date benefits resumed / /

(c) Reason benefits ceased?

[illegible]

IF YOU ARE NOT ENTITLED TO RECEIVE JOBSEEKERS ALLOWANCE, PLEASE SEND COPIES OF ANY DOCUMENTATION CONFIRMING THE REASON FOR THIS

POLICYHOLDER TO COMPLETE

1. Date you made your online Universal Credit Application / /
2. Date of your first commitment review with the Jobcentre Plus (face to face) / /
3. Has your claim for Universal Credit been accepted? Yes ☐ No ☐
- (a) If YES, please confirm the date your Universal Credit commenced / /
- (b) If NO, please provide details on why the Jobcentre Plus have disallowed your claim

4. Please provide the address of the Jobcentre Plus with whom you are registered

[illegible]

PLEASE ATTACH YOUR UNIVERSAL CREDIT JOURNAL TO SUPPORT THE ABOVE, IF YOU ARE NOT ENTITLED TO UNIVERSAL CREDITS, PLEASE SEND COPIES OF ANY DOCUMENTATION TO SUPPORT THIS

IF YOU ARE NOT ENTITLED TO RECEIVE JOBSEEKERS ALLOWANCE/UNIVERSAL CREDITS, PLEASE SEND COPIES OF ANY DOCUMENTATION TO CONFIRM THE REASON FOR THIS

Please provide a sample of the name and addresses or email details of the companies that you have approached for employment for the period the claim payments will represent:

For the period the claim payments will represent:			
Name & address of company, e-mail address or telephone number	Position you applied for	Date applied	Were you offered the job?

G - Accountant's Certificate (AS YOU ARE SELF EMPLOYED, PLEASE ASK YOUR ACCOUNTANT TO COMPLETE THIS SECTION)

(AS YOU ARE SELF EMPLOYED, PLEASE ASK YOUR ACCOUNTANT TO COMPLETE THIS SECTION)

2. What was the nature of your Client's business?

[illegible]

11. What date were HM Revenue & Customs informed of Cessation of Trading? / /

12. Has HM Revenue & Customs acknowledged Cessation of Trading? Yes ☐ No ☐

13. Has your Client or their Company filed for bankruptcy or Liquidation? Yes ☐ No ☐

14. If YES, on what date?

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 /

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15. Is your Client registered for VAT? Yes ☐ No ☐

16. If YES, please provide their VAT Office details:

Name _____

TO BE COMPLETED BY YOUR ACCOUNTANT

Address

TO BE COMPLETED BY YOUR ACCOUNTANT

3. What was the address your Client traded from?

TO BE COMPLETED BY YOUR ACCOUNTANT

4. Did your client own their own business? Yes ☐ No ☐

5. If NO, were they employed as a Sub-Contractor? Yes ☐ No ☐

6. What date did your Client's self-employment start?

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7. What date did your Client's self-employment end?

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|--|--|--|--|--|-----|
| 8. How many hours per week did your Client work? | | | | | HRS |
|--|--|--|--|--|-----|

9. Was your Client's self-employment continuous for this period? Yes ☐ No ☐

10. Was the Company a Limited Company? Yes ☐ No ☐

If YES, what percentage of shareholding did your client have?

%

17. What is the reason for Termination of self-employment?

TO BE COMPLETED BY YOUR ACCOUNTANT

18. VAT Registration Number

Your Name

COMPLETED BY YOUR ACCOUNTANT

Position

COMPLETED BY YOUR ACCOUNTANT

Signature

COMPLETED BY YOUR ACCOUNTANT

Date _____

		/			/		
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Telephone No.

C	O	M	P	L	E	T	E	D		B	Y		Y	O	U	R		A	C	C	O	U	N	T	A	N	T					
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E-mail address

COMPLETED BY YOUR ACCOUNTANT

@

[illegible]

Company Stamp (if Stamp not available, please attach a SIGNED compliment slip)
OMISSION WILL DELAY THE CLAIM

H - Data Protection

POLICYHOLDER TO COMPLETE

Except as authorised in the declaration below, Cardif Pinnacle will not discuss your claim with anyone else without your permission. This includes your spouse, any other relative or friend, or your legal advisor. If you want to give us permission to talk to another person, you can authorise up to 3 people. Please provide their details below.

Please note that for your security, we will ask your authorised person to confirm their identity by confirming YOUR full name and first line of YOUR address and YOUR security password.

Security Password

We will ask you for this password when you or your representative calls

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms First Name(s)

Surname Relationship

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms First Name(s)

Surname Relationship

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms First Name(s)

Surname Relationship

I - Declaration and Authority

POLICYHOLDER TO COMPLETE

If you are claiming or intending to claim with any other insurer for your present unemployment, then please give details of the Insurer, Policy Number and Claim Number:

Insurer Details	Policy Number	Claim Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have made any previous claims against this policy, then please give details:

I declare that I am unemployed as defined in the policy and have not been working in any capacity or doing paid work during the period given. I declare that the statements I have made are true and agree that if they are found to be untrue Cardif Pinnacle will have the right to reclaim all claim payments made to me as a result of my dishonesty (in accordance with the policy wording and the Insurance Act 2005).

I authorise Cardif Pinnacle and any of its agents to make any enquiries and obtain any information they may consider relevant from me, my last or previous employer(s), any Government Body, other insurers and licensed Credit Reference Agencies who may create a record of our search.

I understand that my personal information will be held on computer or other files by Cardif Pinnacle or its agents for the purposes of administering this insurance, including carrying out customer surveys, claims handling and fraud prevention.

I agree to my personal information being disclosed to the agent/party responsible for the sale of this insurance policy. Cardif Pinnacle will not disclose your medical information to the selling agent/party without your consent.

I understand it is my responsibility to give all necessary information to the Tax Authorities and to meet any tax demands I may have from my claim being paid.

Signature

YOUR SIGNATURE

Print Name

PLEASE PRINT YOUR FULL NAME

Date

/ /

What to do now

Make sure that (please tick):

- ☐ you have enclosed a letter confirming you have been awarded benefits from Jobcentre Plus (NOT your agreement letter)
- ☐ you have answered all the questions on the form that apply to you
- ☐ you have signed the form
- ☐ you have read the enclosed Claims Guide
- ☐ you commence collecting all of your job search evidence for the forthcoming period to satisfy the requirement of the policy (i.e. copies of applications/responses etc)
- ☐ you ensure that your Accountant has completed Section G
- ☐ If you are satisfied with the content of this form, please read, sign and date the declaration and authority above

Email everything to:

admin@cardifpinnacle.com

At Cardif Pinnacle, we are committed to helping you return to work. Visit our support site for more details:

www.support.cardifpinnacle.com

POLICY TERMS MAY VARY, BUT YOU SHOULD RETURN YOUR CLAIM FORM AS SOON AS YOU STOP WORKING

IMPORTANT: PLEASE BE AWARE THAT ANY CALLS YOU MAKE TO US MAY BE RECORDED FOR TRAINING AND MONITORING PURPOSES